



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/716,896	11/17/2003	James W. Biondi	CPC-006CN2

021323

TESTA, HURWITZ & THIBEAULT, LLP
 HIGH STREET TOWER
 125 HIGH STREET
 BOSTON, MA 02110



CONFIRMATION NO. 7042

FORMALITIES LETTER



OC000000011916458

Date Mailed: 02/18/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted***Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:Total additional fee(s) required for this application is **\$130** for a Large Entity

- **\$130** Late oath or declaration Surcharge.

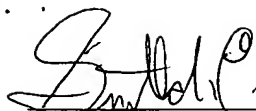
Replies should be mailed to: Mail Stop Missing Parts
 Commissioner for Patents
 P.O. Box 1450
 Alexandria VA 22313-1450

08/20/2004 BABRAHA1 00000046 10716896

01 FC:1051

130.00 0P

*A copy of this notice **MUST** be returned with the reply.*

A handwritten signature in black ink, appearing to be "J. H. P.", is written over a horizontal line.

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



PATENT
Attorney Docket No. CPC-006CN2
(1419/6)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Biondi et al.
SERIAL NO.: 10/716,896 GROUP NO.: 3743
FILING DATE: November 17, 2003 EXAMINER: Not Yet Assigned
TITLE: A System for Automatically Weaning a Patient From a Ventilator, and Method Thereof

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

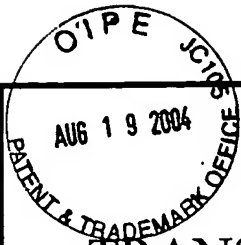
I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 17th day of August, 2004.


Alyson J. Lucas

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Submitted herewith are:

1. Transmittal Form (1 pg.);
2. Fee Transmittal Form (1 pg.);
3. Check in the amount of \$1,610.00;
4. Response to Notice to File Missing Parts (2 pgs.);
5. Copy of Notice to File Missing Parts (2 pgs.);
6. Petition for Extension of Time (1 pg.);
7. Copy of the Executed Declaration and Power of Attorney from a prior application (3 pgs.);
8. Patent Practitioners of Record Under 37 C.F.R. § 1.32(c)(3) (2 pgs.);
9. Supplemental Application Data Sheet (4 pgs.); and
10. Return Receipt Postcard.



TRANSMITTAL FORM

Application Serial Number	10/716,896
Filing Date	November 17, 2003
First Named Inventor	Biondi
Group Art Unit	3743
Examiner Name	Not Yet Assigned
Attorney Docket No.	CPC-006CN2
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg.) <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input checked="" type="checkbox"/> Petition for Extension of Time (1 pg.) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Nonprovisional Application (2 pgs.) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Copy of Executed Declaration and Power of Attorney from a prior application (3 pgs.) <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Response to Notice to File Missing Parts of Nonprovisional Application (2 pgs.) <input checked="" type="checkbox"/> Patent Practitioners of Record Under 37 C.F.R. 1.32(c)(3) (2 pgs.) <input checked="" type="checkbox"/> Supplemental Application Data Sheet (4 pgs.)
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

CORRESPONDENCE ADDRESS

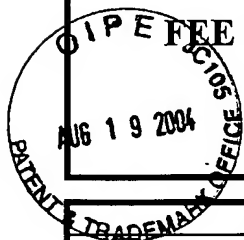
Direct all correspondence to: Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

SIGNATURE BLOCK

Date: August 17, 2004
Reg. No. 44,244
Tel. No.: (617) 248-7044
Fax No.: (617) 248-7100

Respectfully submitted,

Ronda P. Moore, D.V.M.
Attorney for the Applicants
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110



OFFICE FEE TRANSMITTAL FY 2004	<i>Complete if Known</i>	
	Application Serial Number	10/716,896
	Filing Date	November 17, 2003
	First Named Inventor	Biondi
	Group Art Unit	3743
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	CPC-006CN2

METHOD OF PAYMENT				FEE CALCULATION (continued)																																						
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				3. ADDITIONAL FEES																																						
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.																																										
3. <input type="checkbox"/> Applicant claims small entity status.																																										
FEE CALCULATION																																										
1. FILING FEE																																										
<table border="1"><thead><tr><th>Large Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>770</td><td>Utility filing fee</td><td></td></tr><tr><td>340</td><td>Design filing fee</td><td></td></tr><tr><td>160</td><td>Provisional filing fee</td><td></td></tr></tbody></table>				Large Entity Fee (\$)	Fee Description	Fee Paid	770	Utility filing fee		340	Design filing fee		160	Provisional filing fee																												
Large Entity Fee (\$)	Fee Description	Fee Paid																																								
770	Utility filing fee																																									
340	Design filing fee																																									
160	Provisional filing fee																																									
<table border="1"><thead><tr><th></th><th>Number Filed</th><th>Number Extra</th><th>Rate</th><th>Amount</th></tr></thead><tbody><tr><td>Total Claims</td><td>- 20 =</td><td></td><td>x \$ 18.00 =</td><td></td></tr><tr><td>Independent Claims</td><td>- 3 =</td><td></td><td>x \$ 86.00 =</td><td></td></tr><tr><td colspan="4"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td><td>\$290.00 =</td></tr><tr><td colspan="4">TOTAL:</td><td></td></tr><tr><td colspan="4">SMALL ENTITY DISCOUNT:</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td>(\$) 0.00</td></tr></tbody></table>					Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =		x \$ 18.00 =		Independent Claims	- 3 =		x \$ 86.00 =		<input type="checkbox"/> Multiple Dependent Claim(s), if any				\$290.00 =	TOTAL:					SMALL ENTITY DISCOUNT:					SUBTOTAL (1)				(\$) 0.00				
	Number Filed	Number Extra	Rate	Amount																																						
Total Claims	- 20 =		x \$ 18.00 =																																							
Independent Claims	- 3 =		x \$ 86.00 =																																							
<input type="checkbox"/> Multiple Dependent Claim(s), if any				\$290.00 =																																						
TOTAL:																																										
SMALL ENTITY DISCOUNT:																																										
SUBTOTAL (1)				(\$) 0.00																																						
2. AMENDMENT CLAIM FEES																																										
<table border="1"><thead><tr><th>Claims Remaining After Amend.</th><th>Highest No. Previously Paid For</th><th>Present Extra</th><th>Rate</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total</td><td>-</td><td>=</td><td>x \$ 18.00 =</td><td></td></tr><tr><td>Indep.</td><td>-</td><td>=</td><td>x \$ 86.00 =</td><td></td></tr><tr><td colspan="4"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td><td>+ \$290.00 =</td></tr><tr><td colspan="4">TOTAL:</td><td>(\$)</td></tr><tr><td colspan="4">SMALL ENTITY DISCOUNT:</td><td>(\$)</td></tr><tr><td colspan="4">SUBTOTAL (2)</td><td>(\$) 0.00</td></tr></tbody></table>				Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total	-	=	x \$ 18.00 =		Indep.	-	=	x \$ 86.00 =		<input type="checkbox"/> First Presentation of Multiple Dep. Claim				+ \$290.00 =	TOTAL:				(\$)	SMALL ENTITY DISCOUNT:				(\$)	SUBTOTAL (2)				(\$) 0.00				
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid																																						
Total	-	=	x \$ 18.00 =																																							
Indep.	-	=	x \$ 86.00 =																																							
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				+ \$290.00 =																																						
TOTAL:				(\$)																																						
SMALL ENTITY DISCOUNT:				(\$)																																						
SUBTOTAL (2)				(\$) 0.00																																						
				SUBTOTAL (3) (\$) 1,610.00																																						
				SUBTOTAL (1) 0.00																																						
				SUBTOTAL (2) 0.00																																						
				SUBTOTAL (3) 1,610.00																																						
				TOTAL (\$) 1,610.00																																						
CORRESPONDENCE ADDRESS				SIGNATURE BLOCK																																						
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100				Respectfully submitted, <i>Ronda P. Moore, D.V.M.</i> Ronda P. Moore, D.V.M. Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Date: August 17, 2004 Reg. No.: 44,244 Tel. No.: (617) 248-7044 Fax No.: (617) 248-7100																																						



PATENT
Attorney Docket No. CPC-006CN2
(1419/6)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Biondi et al.
APPLICATION NO. 10/716,896 ART UNIT: 3743
FILING DATE: November 17, 2003 EXAMINER: Not Yet Assigned
TITLE: A System for Automatically Weaning a Patient from a Ventilator, and
Method Thereof

**RESPONSE TO NOTICE TO FILE MISSING PARTS OF
NONPROVISIONAL APPLICATION**

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Notice to File Missing Parts of Nonprovisional Application mailed on February 18, 2004, please find enclosed a check in the amount of \$1610.00 to pay for the late declaration surcharge and a four-month extension of time. Please also find enclosed a copy of an executed Declaration and Power of Attorney from a prior application to which the above-identified application claims priority, a list of ten patent practitioners to be recognized by the United States Patent and Trademark Office as being of record under 37 C.F.R. § 1.32(c)(3) in the above-identified patent application, a Petition for Extension of Time, and a Supplemental Application Data Sheet to correct inconsistencies between the originally filed Application Data Sheet and the presently submitted Declaration and Power of Attorney. The Applicants respectfully request that the information in the Supplemental Application Data Sheet be recaptured.


The Applicants believe that no additional fees are due in this matter; however, if any additional fees are due, the Commissioner is hereby authorized to charge any required fees to Deposit Account No. 20-0531.

Respectfully submitted,

Date: August 17, 2004
Reg. No. 44,244

Tel. No.: (617) 248-7044
Fax No.: (617) 248-7100

3106760


Ronda P. Moore, D.V.M.
Attorney for the Applicants
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, Massachusetts 02110